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CONFIRMATION NO. 4327

|                                    |                                                           |                     |                               |                                           |
|------------------------------------|-----------------------------------------------------------|---------------------|-------------------------------|-------------------------------------------|
| <b>SERIAL NUMBER</b><br>09/761,143 | <b>FILING OR 371(c) DATE</b><br>01/16/2001<br><b>RULE</b> | <b>CLASS</b><br>424 | <b>GROUP ART UNIT</b><br>1655 | <b>ATTORNEY DOCKET NO.</b><br>MSU 4.1-541 |
|------------------------------------|-----------------------------------------------------------|---------------------|-------------------------------|-------------------------------------------|

**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CON of 09/337,313 06/21/1999 PAT 6,194,469 which is a CIP of 09/317,310 05/24/1999 PAT 6,423,365  
 which claims benefit of 60/111,945 12/11/1998  
 and claims benefit of 60/120,178 02/16/1999

*PL ✓ OK*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*** *none*  
 02/13/2001

|                                                                                                                                                  |                        |                      |                    |                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|----------------------|--------------------|-------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no                                                  | STATE OR COUNTRY<br>MI | SHEETS DRAWING<br>10 | TOTAL CLAIMS<br>13 | INDEPENDENT CLAIMS<br>2 |
| 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                        |                      |                    |                         |
| Verified and Acknowledged <i>[Signature]</i><br>Examiner's Signature                                                                             | Initials               |                      |                    |                         |

**ADDRESS**

21036

**TITLE**

Method for inhibiting cyclooxygenase and inflammation using cyanidin

|                                   |                                                                                                                   |                                                                                                                                                                                                                                                                                 |
|-----------------------------------|-------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>FILING FEE RECEIVED</b><br>710 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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